

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 25, 2011
Secretary of State

DOCUMENT# 716426

Entity Name: DAHLIA GARDENS CONDOMINIUM, INC.**Current Principal Place of Business:**5041 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313**New Principal Place of Business:****Current Mailing Address:**5041 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313**New Mailing Address:****FEI Number:** 59-1372648**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOSA, PEDRO
5041 W OAKLAND PARK BLVD
D309
LAUDERDALE LAKES, FL 33313 US**Name and Address of New Registered Agent:**HOULE, ROBERT
2403 ANTGUA CIR
D 4
COCONUT CREEK, FL 33066 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOULE ROBERT

10/25/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: GIUSEPPE, BORROMEO
Address: 5121 W OAKLAND PARK BLVD, D309
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: V/P
Name: HOULE, ROBERT
Address: 2403 ANTGUA CIR D 4
City-St-Zip: COCONUT CREEK, FL 33066

Title: T/S
Name: AWAD, MOHSIN
Address: PO BOX 5222
City-St-Zip: FT. LAUDERDALE, FL 33310

Title: D
Name: ANNA, MASTROGIUSEPPE D
Address: 5041 W OAKLAND PARK BLVD, D 204
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D
Name: DEL, PICCOLO
Address: 5041 W OAKLAND PARK BLVD, D209
City-St-Zip: LAUDERDALE LAKES, FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AWAD, MOHSIN

T/S

10/25/2011

Electronic Signature of Signing Officer or Director_____
Date